

COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE
500 MERO STREET, 4-SC
P.O. BOX 452
FRANKFORT, KY 40602-0452
FAX (502) 564-9333



NOTICE TO EMPLOYER OF CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS

Date Processed:

Mail Date :

This is notice that a claim for unemployment benefits has been filed by _____, SSN# _____, listing you as the employer. The claimant has indicated they worked for you from _____ through _____ and is filing the claim due to _____. The claimant has provided the following explanation regarding the reason for claim filing: _____

Instructions:

If the claimant has been separated from the employment for any reason other than "Lack of Work" or "Lay-off With Definite Recall", you are required to return this form in accordance with 787 KAR 1:070. Return this form within 10 days from this mailing to file your protest by mail or 12 days to file your protest electronically. Improper benefit payments that result from the employer's failure to respond timely or adequately could result in charges or penalties to the employer's account (KRS 341.530(4), KRS 341.415(1)(C)(B)).

Claimant Employment Information:

- a. Last Day Worked: _____ Average Hours Worked Per Week: _____
Dates Employed: from _____ to _____ Pay Method: ☐ Hourly ☐ Salaried ☐ Other: _____
- b. Has the claimant received any separation pay? ☐ YES ☐ NO
Reason for Separation Payment: ☐ Severance Agreement ☐ Wages in Lieu of Notice ☐ Other: _____
Amount of Payment: _____ Dates Covered by Payment: from _____ to _____
- c. Reason for Separation: (select the most appropriate)
☐ Lack of Work ☐ Strike/Lock-Out ☐ Voluntary Quit ☐ Full-Time to Part-Time Work ☐ Leave of Absence ☐ Other: _____
☐ Discharge/Termination ☐ Unable/Unavailable for Work ☐ Suspension ☐ The Employer does not wish to provide any further information
- d. Employer's Separation Statement: _____

Employer Representative Printed Name

Employer Representative Title

Employer Representative Signature

Date

Employer KEIN

Employer Phone Number

Employer Fax Number

Employer Email Address

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

INMEDIATAMENTE: Si necesario, por favor de ir a la oficina de Kentucky Career Center, si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, puede encontrar su oficina local en: www.kentuckycareercenter.com



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